

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL034095</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>02/04/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE MEADOWBROOK HOUSE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>4438 DRIFTWOOD DRIVE CLEMMONS, NC 27012</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments  Report by Suzanna Fay  DHSR Construction Section conducted a Biennial Survey on February 4, 2016 from 2:08 PM to 3:45 PM at the above referenced facility. DHSR records indicate the home was first licensed on June 6, 2012 as a Family Care Home for up to six non-ambulatory Residents (unable to evacuate and respond without any physical or verbal assistance during a fire or other emergency.) Based on this information we are requiring the home to maintain compliance with the following: the 2005 Rules 10A NCAC 13G for Family Care Homes and the 2009 North Carolina State Building Code - Section 421.2 - Residential Care Homes.  Note: There have been no residents at the facility since March of 2014.  At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:	C 000		
C 169	Fire Safety-Smoke Detectors  SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (b) The building shall be provided with smoke detectors as required by the North Carolina State Building Code and U.L. listed heat detectors connected to a dedicated sounding device located in the attic and basement. These detectors shall be interconnected and be provided with battery backup. Note: Smoke detectors are required to be interconnected by this Rule. The application of the Rule permits the heat detectors to be	C 169		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*[Signature]*

*Administrator*

*3/11/16*

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C 169	<p>Continued From page 1</p> <p>interconnected with smoke detectors, but does not require it.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Observations revealed that there was not a smoke detector in the corridor immediately outside of Bedrooms #5 and #6. The corridor outside of these two bedrooms is separated from the adjacent corridor (and the nearest smoke alarm) by a cased opening with a header that is approximately 16" deep. Have a qualified technician install a head in the corridor outside of these two sleeping rooms. Provide documentation of the correction in the form of receipts or work orders.</p> <p>2. At the time of this survey, there were no Residents living at the facility. The Provider had canceled the monitoring service for the fire alarm system, but the system was left operable. However, the panel indicated a trouble signal and did not go off when tested. Have a qualified technician service the alarm system. As the facility is fully sprinklered, the monitoring service must be reactivated prior to any Residents being brought into the facility. Provide documentation of the repairs in the form of receipts or work orders.</p>	C 169	<p>C169 1. New smoke detector to be installed in the corridor.</p> <p>C169 2. Fire system inspected, tested by Sentry Watch. Battery replaced</p>	<p>3/11/16</p> <p>3/11/16</p>

*Auth State Administrator* 3/11/16

## INSPECTION AND TESTING FORM

## SERVICE ORGANIZATION

Name: Sentry Watch Inc  
 Address: 1705 Holbrook st  
 Representative: Keith Riger  
 License No.: NC 31-CSA  
 Telephone: 336-292-6468

## MONITORING ENTITY

Contact: N/A  
 Telephone: \_\_\_\_\_  
 Monitoring Account Ref. No.: \_\_\_\_\_

## TYPE TRANSMISSION

- ☐ McCulloh  
☐ Multiplex  
☐ Digital  
☐ Reverse Priority  
☐ RF  
☐ Other (Specify) \_\_\_\_\_

Control Unit Manufacturer: DMP

Circuit Styles: \_\_\_\_\_

Number of Circuits: \_\_\_\_\_

Software Rev.: \_\_\_\_\_

Last Date System Had Any Service Performed: \_\_\_\_\_

Last Date that Any Software or Configuration Was Revised: \_\_\_\_\_

DATE: 3-11-14

TIME: 200

## PROPERTY NAME (USER)

Name: Art of Care Senior Living  
 Address: 4478 Driftwood Dr Clemmons  
 Owner Contact: Anthony Steele  
 Telephone: 336 404 4160

## APPROVING AGENCY

Contact: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

## SERVICE

- ☐ Weekly  
☐ Monthly  
☐ Quarterly  
☐ Semiannually  
☐ Annually  
☐ Other (Specify) Customer Request

Model No.: XR 500

## ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style
<u>3</u>	_____
<u>12</u>	_____
<u>1</u>	_____
<u>1</u>	_____
_____	_____
_____	_____

Manual Fire Alarm Boxes

Ion Detectors

Photo Detectors

Duct Detectors

Heat Detectors

Waterflow Switches

Supervisory Switches

Other (Specify): \_\_\_\_\_

Alarm verification feature is disabled \_\_\_\_\_ enabled \_\_\_\_\_

(NFPA Inspection and Testing, 1 of 4)

FIGURE 10.6.2.3 Example of an Inspection and Testing Form.



## ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
8		Bells
		Horns
5		Chimes
		Strobes
		Speakers
		Other (Specify):

No. of alarm notification appliance circuits: \_\_\_\_\_  
 Are circuits monitored for integrity? ☒ Yes ☐ No

## SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
		Building Temp.
		Site Water Temp.
		Site Water Level
		Fire Pump Power
		Fire Pump Running
		Fire Pump Auto Position
		Fire Pump or Pump Controller Trouble
		Fire Pump Running
		Generator In Auto Position
		Generator or Controller Trouble
		Switch Transfer
		Generator Engine Running
		Other:

## SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72, Table 6.6.1):

Quantity \_\_\_\_\_ Style(s) \_\_\_\_\_

## SYSTEM POWER SUPPLIES

- (a) Primary (Main): Nominal Voltage 16.5 Amps \_\_\_\_\_  
 Overcurrent Protection: Type \_\_\_\_\_ Amps \_\_\_\_\_  
 Location (of Primary Supply Panelboard): \_\_\_\_\_  
 Disconnecting Means Location: \_\_\_\_\_
- (b) Secondary (Standby):  
1 - 12 Volt Storage Battery: Amp-Hr. Rating 24 PL  
 Calculated capacity to operate system, in hours: \_\_\_\_\_ 24 \_\_\_\_\_ 60  
 Engine-driven generator dedicated to fire alarm system: \_\_\_\_\_  
 Location of fuel storage: \_\_\_\_\_

## TYPE BATTERY

- ☐ Dry Cell  
☐ Nickel-Cadmium  
☒ Sealed Lead-Acid  
☐ Lead-Acid  
☐ Other (Specify): \_\_\_\_\_
- (c) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:  
 \_\_\_\_\_ Emergency system described in NFPA 70, Article 700  
 \_\_\_\_\_ Legally required standby described in NFPA 70, Article 701  
 \_\_\_\_\_ Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

(NFPA Inspection and Testing, 2 of 4)

FIGURE 10.6.2.3 Continued

PRIOR TO ANY TESTING							
NOTIFICATIONS ARE MADE		Yes	No	Who	Time		
Monitoring Entity		<input type="checkbox"/>	<input type="checkbox"/>				
Building Occupants		<input type="checkbox"/>	<input type="checkbox"/>	<i>Anthony</i>	<i>5:00</i>		
Building Management		<input type="checkbox"/>	<input type="checkbox"/>	<i>11</i>	<i>200</i>		
Other (Specify)		<input type="checkbox"/>	<input type="checkbox"/>				
AHJ Notified of Any Impairments		<input type="checkbox"/>	<input type="checkbox"/>				
SYSTEM TESTS AND INSPECTIONS							
TYPE	Visual	Functional	Comments				
Control Unit	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
Interface Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
Lamps/LEDS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Fuses	<input type="checkbox"/>	<input type="checkbox"/>					
Primary Power Supply	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
Trouble Signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Disconnect Switches	<input type="checkbox"/>	<input type="checkbox"/>					
Ground-Fault Monitoring	<input type="checkbox"/>	<input type="checkbox"/>					
SECONDARY POWER							
TYPE	Visual	Functional	Comments				
Battery Condition	<input checked="" type="checkbox"/>						
Load Voltage		<input checked="" type="checkbox"/>					
Discharge Test		<input checked="" type="checkbox"/>					
Charger Test		<input checked="" type="checkbox"/>					
Specific Gravity		<input type="checkbox"/>					
TRANSIENT SUPPRESSORS							
	<input type="checkbox"/>						
REMOTE ANNUNCIATORS							
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
NOTIFICATION APPLIANCES							
Audible	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
Visible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Speakers	<input type="checkbox"/>	<input type="checkbox"/>					
Voice Clarity		<input type="checkbox"/>					
INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS							
Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
<i>3</i>	<i>MPS</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>12</i>	<i>Smoke</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>1</i>	<i>Heat</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Comments:							

(NFPA Inspection and Testing, 3 of 4)

FIGURE 10.6.2.3 Continued

EMERGENCY COMMUNICATIONS EQUIPMENT		Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>		
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>		
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>		
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>		
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>		
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>		
System Performance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

  

INTERFACE EQUIPMENT	Visual	Device Operation	Simulated Operation
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

  

SPECIAL HAZARD SYSTEMS	Visual	Device Operation	Simulated Operation
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Procedures: \_\_\_\_\_

Comments: \_\_\_\_\_

  

SUPERVISING STATION MONITORING	Yes	No	Time	Comments
Alarm Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Alarm Restoration	<input type="checkbox"/>	<input type="checkbox"/>		
Trouble Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>		

  

NOTIFICATIONS THAT TESTING IS COMPLETE	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Anthony Steele	4:30
Monitoring Agency	<input type="checkbox"/>	<input type="checkbox"/>		
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Anthony Steele	4:30
Other (Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>		

The following did not operate correctly: \_\_\_\_\_

System restored to normal operation: Date: 3-11-14 Time: 4:30

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: Keith Kiger Date: 3-11-14 Time: 4:30

Signature: [Signature]

Name of Owner or Representative: Anthony Steele

Date: 3-11-14 Time: 4:30

Signature: [Signature]

(NFPA Inspection and Testing, 4 of 4)

FIGURE 10.6.2.3 Continued

Meadowbrook House FCL034095

Plan of correction

3/11/16

C169

1. The previously submitted and approved fire system plans has never been flagged with this citation. The Meadowbrook has contacted and scheduled Sentry Watch to install a smoke detector in the corridor between room # 5 & room # 6. Installation completed 3/11/16.
2. The Meadowbrook House does not currently have any residents, therefore the monitoring services has been turned off. The monitoring service will be reactivated and tested before residents are allowed to move in. The system was tested and inspected 3/11/16. I have included a copy of the inspection report.

Anthony Steele, Administrator

Handwritten signature of Anthony Steele, Administrator.